

PSJ3

Exhibit 665

Contact

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**Full Name:** Chris Kottenstette  
**Last Name:** Kottenstette  
**First Name:** Chris  
**Company:** AAPA

**Mobile Phone:** (970) 215-0903

**E-mail:** ckotten1@gmail.com

If you ever want to chat I commute to work in the mornings from around 6:45-8:am and 4:45-6:00pm in the evenings mountain time daily (8:45-10AM / 6:45-8pm your time in the east), and this would be great time to catch me on my cell phone 970-215-0903.

1) If you are involved with all these outside groups, who in the organization is reviewing all these provider educational activities? What backgrounds do they have? Because other than Jeremy Adler, Alan Platt, and Myself, I am not seeing any other PAs involved on national advisory boards, National Guideline Panels, National Task forces, providing live in person comments to the FDA advisory board, and teaching at national meetings (other than the AAPA's meetings - of which in the 8 years I have been President of the PAs in Pain Medicine group has NEVER been asked to speak at by the CEPC, and only asked once several years ago when I was more present in the committee weekends to provide comment on topics - none of which they used) on pain management specific topics. Over the 2 years I was working with Alpharma as an educator I had the opportunity to attend the national meeting of almost every major national organization that has anything to do with pain care (anesthesia, rheumatology, orthopedics, neurology, Pain Medicine, Pain Management, Pain Week, APS, AISPP, IASP, ASPMN, the list goes on) and can speak to the knowledge and perspectives of many of these organizations (at least what is being taught to their mass attendees), but better still, to the attendees who can't even tell you what a risk assessment tool is, yet alone what to do if it identifies a risk! I have street level knowledge from the nobody conference attendees (thousands per day over several days each and at times several per month over those 2 years) who are the everybody in the care of pain - as they are the weakest link! Or, who gets every Google Alert (hundreds/day) on prescription drug abuse, narcotic abuse, Embeda, Kadian, Oxycodone, OxyContin, oxymorphone, Opana ER, Morphine, Fentanyl, and Duragesic that will give one a very unique perspective on not only the abusers but on the police actions, robberies, prosecutions, arrests, legislation, and general worldwide sentiment on opioids and addiction one could ever hope for! If you are working with other PAs who have this level of national connectedness and personal relationships with many of the "Pain Mafia" (as I have heard it loving referred to, and for which Jeremy and I have been thought to be included in) such as Scott Fishmann, Steve Passik, Lynn Webster, Paul Arnstein, Nathaniel Katz, Richard Payne, Sharon Weinstein, Perry Fine, Laxmaiah Manchikanti<[http://www.asipp.org/documents/DrMbio\\_001.pdf](http://www.asipp.org/documents/DrMbio_001.pdf)>, Knox Todd, David Haddox, Art Lipman, Richard Chapman, John Peppin, David Fishbain, Russell Portenoy, Christine Miaskowski, Aron Gilson, Roger Chou, Gil Fanciullo, Doug Gourlay, Howard Height, Milt Landers (past president ISIS), Ken Alo, Giancarlo Barolot, Marsha Stanton... (The list goes on) then I would like to know who they are and get them involved in the PAs in Pain Medicine organization! Oh, do tell! ☺

A Dream:

Abuse Tech, LLC started with a dream....

A dream that resulted from my work practicing clinical pain management for 10 years, seeing the issues develop over time and the need for proper prescribing, documentation, and patient education. My work as a Paramedic for 17 years showed me repeatedly the devastation unintentional deaths from overdose can cause. My work as an educator for a major pharmaceutical company that manufactured several opioid medications and the regulatory environment they work in and under, and the issue they faced in trying to meet a need for treating a common and widespread problem - Pain - and the obstacles they had to overcome.

From this experience came a dream that lead to the development of a design for a locking prescription bottle that could be a key means for interruption of the primary means of diversion of prescription medication - obtaining it for free from the medicine cabinets of friends and family.

The design is simple to use - if you can pick up a pencil from the table, you can open this bottle; But, only if you have the key! It is child proof and can be used on a variety of medicinal, pharmaceutical, and industrial applications.

We look forward to working with you,

Chris Kottenstette  
President & CEO of Abuse Tech™